

CESPHN AOD Program Evaluation Summary

An evaluation of the CESPHN AOD Program was conducted between June and October 2025. Four key domains were examined: alignment with national treatment objectives, equity of access, consumer outcomes, and commissioning responsiveness.

This summary document shares the key findings from a comprehensive evaluation process which included interviews with consumers and service managers, an online consumer survey, and discussions with CESPHN advisory members and other stakeholders.

Service activity and outcome data from 2022–2025 was analysed, relevant CESPHN planning documents including the [2025 27 CESPHN Needs Assessment](#) were reviewed, approaches used by other PHNs were compared, and population-level datasets such as the ABS Census and national drug use surveys were drawn upon.

Alignment with National Treatment Objectives

Across all strategies, national policy requires a continuum of safe, culturally responsive treatment options with strong accountability for outcomes. The balance of evidence indicates that CESPHN's commissioning approach is well aligned to these goals, particularly through stepped non-residential options, outcome measurement, and partnerships that embed primary care and community involvement.

Impact and Outcomes

The CESPHN AOD Program delivers measurable improvements in health, harm reduction, and stability for consumers and families. Integrated within a stepped care framework and linked to primary care, these services support recovery and reintegration.

Evidence of Positive Outcomes:

- **Reduced substance use** (e.g., 50% reduction in methamphetamine use at 6 months)
- **Improved psychological wellbeing** (significant K10 reductions)
- **Improved stability** (housing, relationships)
- **Criminal legal system linked throughcare** (Lower reincarceration rates than state averages, confirming the value of sustained post-release support)
- **High satisfaction and engagement**
- **Early identification combined with evidence-based treatment** (reduction of harm when primary care, specialist services, and practical supports align)

Integration with Mental Health

- **Co-occurring conditions:** 50–75% of AOD consumers also experience mental health concerns.
- **Opportunity:** CESPHN's two new Integrated Mental Health Hubs (Kogarah-Rockdale & Sutherland-Menai-Heathcote) can embed AOD linkages and shared care protocols for continuity.

Access and Equity

- **Entry pathways:** Self-referral (52%), General Practice (19%) dominate.
- **Gap:** Lower access for Aboriginal and Torres Strait Islander people, multicultural communities, criminal legal system-involved individuals, and LGBTIQ+ consumers.
- **Variation:** Service reach differs across SA3 areas. Highest reach in Botany, Eastern Suburbs South, and Sydney Inner City.

Consumer and Provider Insights

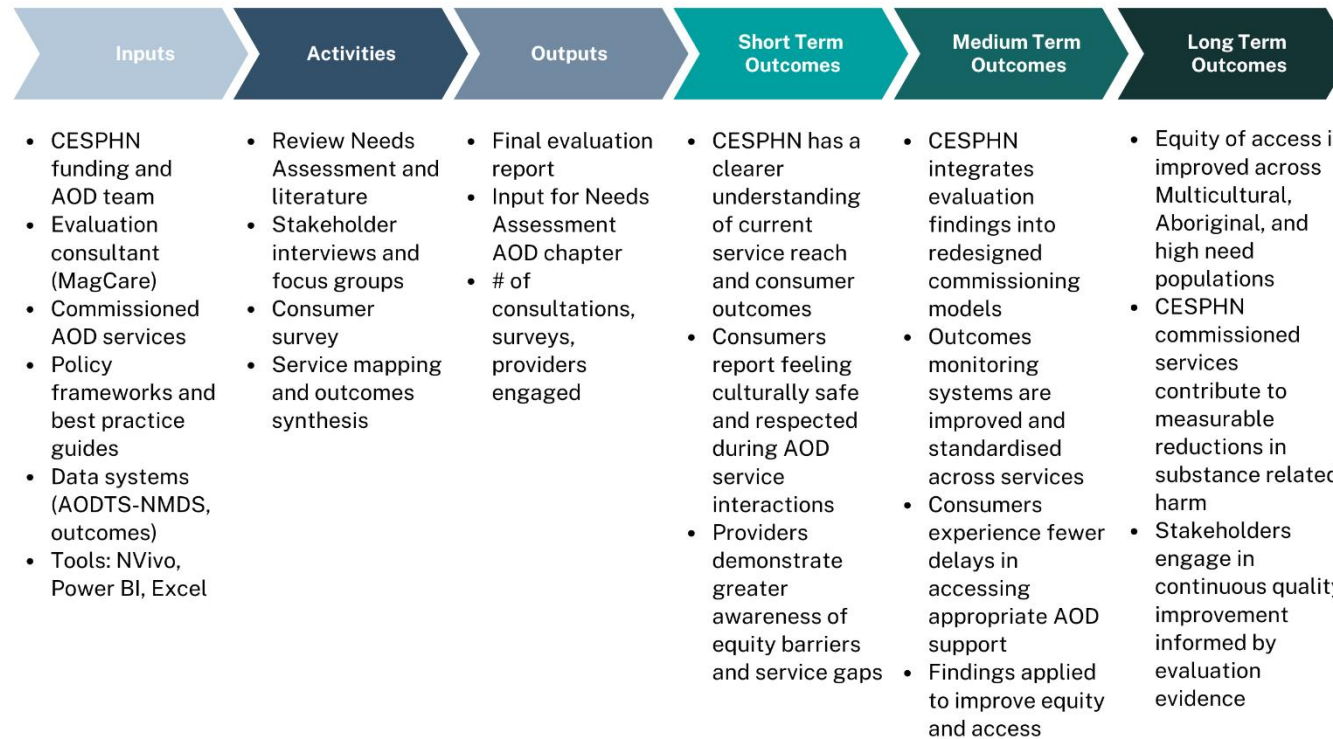
- **Consumers value:** Non-judgemental engagement, practical support, and continuity. Gaps identified in community knowledge of how to access services and fragmented services, eg difficulty in accessing in patient detox and pathways to residential treatment.
- **Providers emphasise:** Co-located services and strong partnerships.
- **Critical needs beyond AOD:** Housing, oral health, and primary care integration.

Recommendations for Improvement

- **Primary Care Integration:** Strengthen general practice as a key entry point for AOD care through continued education and support, including expanded opioid agonist treatment particularly in high need areas (Botany, Eastern Suburbs South)
- **Shared Care with Mental Health Services:** links between AOD services and the Integrated Mental Health Hubs
- **Navigation & Referral Pathways:** address consumer-identified system navigation barriers through promotion of “While You Wait” resources and service directories
- **Strengthen data systems:** Standardise outcome measures and better capture priority population data
- **Advocacy Priorities:** integrated AOD–mental health datasets for better planning and equity monitoring

LOGIC MODEL

CESPHN AOD Program Evaluation



Impact

- Informed commissioning strategies aligned with equity and outcome data
- Improved alignment with national AOD policy goals
- Enhanced system wide accountability and consumer centred service planning

External Influences	Assumptions
<ul style="list-style-type: none"> • Federal/state reforms may shift service priorities mid evaluation • New AOD standards or frameworks could affect findings • Limited access to other PHNs' evaluation data may restrict comparisons • Staff or stakeholder turnover could impact engagement and data flow 	<ul style="list-style-type: none"> • Evaluation aligns with CESPHN strategy and DHDA policy • Ongoing engagement from providers and consumers is expected • Suitable venues and secure platforms will be available for data collection • Funding and staff time are sufficient to complete the evaluation • CESPHN leadership will remain supportive and responsive to findings